

**BOX #**

# **FREMONT POLICE DEPARTMENT**

## **ALARM REGISTRATION**

**Name:**

**Address :**

**Telephone:**

### **PROPERTY DESCRIPTION**

**Alarm Type:**      **Burglary:**      **Fire:**      **Panic:**      **Medical Alert:**

**Does the alarm have an audible warning device:**      **Reset Time:**

**Is the alarm monitored by an alarm company or other receiving station?**

**Company Name**

**Address**

**Telephone #**

### **EMERGENCY NOTIFICATION**

**OWNER #1:**

**WORK TEL #:**

**SS#:**

**Date of Birth:**

**OWNER #2:**

**WORK TEL #:**

**SS#:**

**Date of Birth:**

### **KEY HOLDERS**

**Name:**

**Address:**

**Telephone # Day:**

**Night:**

**Name:**

**Address:**

**Telephone # Day:**

**Night:**